

DEPARTMENT OF
ECOLOGY
State of Washington

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DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

Water Resources Program
Application for a Water Right Permit

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☐ SURFACE WATER ☒ GROUND WATER ☒ PERMANENT☐ TEMPORARY ☐ SHORT TERM ☐ DROUGHTDEPT. OF ECOLOGY
FISCAL & BUDGET

Follow the attached instructions. Attach additional sheets as necessary.

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION.*Section 1. APPLICANT**

Applicant/Business Name: Klickitat PUD No. 1	Phone No: 509.773.7629	Other No:
Address: 1313 S. Columbus <i>ave.</i>		
City: Goldendale	State: WA	Zip: 98620 - <i>9578</i>
Email Address (optional): rihrig@klickpud.com		

Contact Name (if different from above): Ron Ihrig	Phone No: 541.773.7629	Other No:
Relationship to Applicant: Project Manager		
Address:		
City:	State:	Zip:
Email Address (optional):		

Legal Land Owner or Part Owner Name of the Proposed Place of Use: Various landowners throughout Bickleton	Phone No:	Other No:
Address:		
City:	State:	Zip:
Email Address (optional):		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: Provide a new water supply source for the community of Bickleton to replace existing contaminated ground water wells. See attached report: Community of Bickleton, Water System Feasibility Study, KPUD No. 1, June 2010.

Anticipated length of time to complete your project: 20 years

Water Use List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only)		Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
	<input type="checkbox"/> Cubic Feet per Second (CFS)	<input checked="" type="checkbox"/> Gallons per Minute (GPM)		
Municipal	75		40	Continuously
TOTAL:	75		40	

For Ecology Use	APPLICATION NO: <i>G4-33018</i>	SEPA: Exempt/Not Exempt
	Fee Paid: <input checked="" type="checkbox"/> Check No: _____	ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____	Priority Date <i>4-20-11</i> By _____
		WRIA: <i>31. Klickitat</i>

Note: The quantities shown are based on the estimated quantity of existing water use by the community. These are not forecasted future needs.

Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☒ NO

Is this request for a temporary permit? ☐ YES ☒ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: ____/____/____ TO: ____/____/____

Section 3. POINT OF DIVERSION OR WITHDRAWAL
(Complete A or B, and C below)

A.) If Surface Water Source	B.) If Ground Water Source
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____
Source Name: _____	Well diameter & depth: Existing wells: _____ Proposed well is to be 10" diameter and 400' deep.
Tributary to: _____	Number of proposed points of withdrawal: 1
Number of proposed diversion points: _____	Do you have an existing well? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO	If available, attach Water Well Report and pump test.
	Well Tag ID No. _____

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
06201600000100	SE	SW	16	6N	20E	Klickitat
Lot(s)	Block(s)		Subdivision		Proposed Well No. 1	

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:
510 Feet (☒ North/☐ South) and 2453 feet (☒ East/☐ West)
from the (☐NW ☒SW ☐NE ☐SE ☐) corner of Section 16.

Parcel No.	¼	¼	Section	Township	Range	County
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:
feet (☐ North/☐ South) and 0 feet (☐ East/☐ West)
from the (☐NW ☐SW ☐NE ☐SE ☐) corner of Section

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? ☐ YES ☒ NO

If no, do you have legal authority to make this application for use of another's land? ☒ YES ☐ NO

Provide the owner name(s), address, and phone number: WA State Department of Natural Resources, Todd

Welker, Region Manager, Southeast Region, 509.925.8510, 713 Bowers Road Ellensburg, WA 98926-9301

Section 4. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

For Ecology Use	APPLICATION NO: _____	SEPA: Exempt/Not Exempt
	Fee Paid: _____ Check No: _____	ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____	Priority Date _____ By _____ WRIA: _____

Bickleton Water System Retail Service Area all within Klickitat County. See attached map.						
1/4	1/4	Section	Twp.	Range	County	Parcel No.

Do you own all the lands on which the proposed place of use is located? ☐ YES ☒ NO.

If no, do you have legal authority to make this application for use of another's land? ☒ YES ☐ NO

Provide owner name(s), address, and phone number: The Klickitat PUD No. 1, as a municipal water provider, is authorized to provide water within the proposed place of use.

Are there any other water rights or claims associated with this property or water system? ☒ YES ☐ NO

If yes, provide the water right and/or claim numbers: The Bickleton School District owns water right number G4-26326C. There are several water right claims within the proposed retail service area.

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): The Bickleton Water System is a proposed municipal water system with one or two wells as shown on the attached map. A new well is proposed as a permanent long-term source of supply to meet existing and future demands. The proposed pump capacity for the new well is 75 gpm to serve existing residents. Higher capacity pumps will be needed to meet demands as the system grows. The new well will pump into a proposed 100,000 gallon tank. The 2nd well is owned by the Bickleton School District. This well may be used as a temporary source of supply before the new well is constructed. Upon completion of the new well, the school well may become a backup source of supply. The Community of Bickleton, Water System Feasibility Study, June 2010, provides a complete description of the proposed water system. The report Water System Feasibility Study For Bickleton, Washington, December 2009, provides a hydrogeologic analysis of the proposed well.

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION
(Complete A or B, and C below)

A.) Domestic Water Systems only	B.) Municipal Water Systems only (defined under RCW 90.03.015)
Projected number of connections to be served: _____	Present population to be served water: 150 incl. school
Type of connections: _____ (e.g., home, recreational cabin)	Estimate future population to be served: 175 (20 year projection)
C.) Water System Planning	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (The Plan is underway)	

If yes, date plan was approved // Water System Number: _____

Name of water system: Bickleton

Are you within the service area of an existing water system? ☐ YES ☒ NO

If yes, explain why you are unable to connect to the system: There are existing water systems within the proposed service area. The goal of this project, in part, is to consolidate existing failing Group A and Group B water systems into the proposed water system.

Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

Irrigation

Total number of acres requested to be irrigated under this application = _____ ACRES

NOTE: Outline the area to be irrigated on your attached map.

Stockwater

List number and kind of stock: _____

Is the proposed project for a dairy farm? ☐ YES ☐ NO

Other Proposed Farm Uses

Describe all proposed uses: _____

Family Farm Water Act (RCW 90.66):

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☐ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO

If yes, enter Permit No: _____

Section 8. OTHER WATER USES

Hydropower

Indicate total feet of head _____ and proposed capacity in kilowatts: _____

Describe works: _____

Indicate all uses to which power is to be applied: _____

FERC License No: _____

Mining/Industrial Use

Describe use, method of supplying and utilizing water: _____

Other Use

Section 9. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? ☒ YES ☐ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☒ NO

Will the water depth be 10 feet or more? ☒ YES ☐ NO

If you answered yes to any of the above questions, please describe: The proposed water system includes a 100,000 gallon concrete tank.

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

Section 10. DRIVING DIRECTIONS

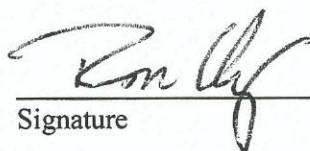
Provide detailed driving directions to the project site: From SR 97 south bound, enter Goldendale (take first exit – Hwy 142) and follow the signs to Bickleton. There will be a left turn soon after exiting into Goldendale. This will put you on Bickleton Hwy. Follow about 36 miles until entering Bickleton.

Site Address: Community of Bickleton

Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Ron Ihrig
Print Name
(Applicant or authorized representative)


Signature

3/16/11
Date

Print Name
(Legal Owner or Part Owner Place of Use)

Signature

Date

Print Name
(Legal Owner or Part Owner Place of Use)

Signature

Date

Print Name
(Legal Owner or Part Owner Place of Use)

Signature

Date

Please check the region in which the project is located:

<p>*Submit your application to:</p> <p>DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611</p>	<input checked="" type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 – 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.

